

SPECIALTY ENDORSEMENT CERTIFICATION

Authority: 1978 PA 368

This certification form must be submitted directly to this office by any state licensing agency where you currently hold or have ever held a license.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Specialty School Attended	Date of Completion
Applicant's Signature	Date

Remainder of Form to be Completed by State Licensing Agency:

Applicant's Name as Licensed		License/Registration Number
Date Issued	Expiration Date	Type of Specialty

Provide certified copies of any actions if the applicant named above has ever incurred any disciplinary proceedings or has pending disciplinary proceedings in your state or their license/registration has ever been limited, denied, surrendered, suspended, or revoked.

Authorized Signature

Date

Print/Type Name, Title and State Board

(Seal)